

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-9-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 95860, 95904, 95900 and 95935.

II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-10-02	95860	\$200.00	\$0.00	A	\$113.00	Rule 134.600(h)(8) Medicine GR (IV)	Preauthorization is not required because did not exceed \$350.00 per study; therefore, reimbursement per MFG is recommended. EMG was performed, reimbursement of \$113.00 is recommended.
	95904(3)	\$244.35	\$0.00	A	\$64.00/nerve		Preauthorization is not required because did not exceed \$350.00 per study; therefore, reimbursement per MFG is recommended. Ulnar and Median nerves were tested, reimbursement of \$128.00 is recommended.
	95900 (2)	\$162.90	\$0.00	A	\$64.00/nerve		Preauthorization is not required because did not exceed \$350.00 per study; therefore, reimbursement per MFG is recommended. Ulnar and Median nerves were tested, reimbursement of \$128.00 is recommended.
	95935 (2)	\$130.30	\$0.00	A	\$53.00/per extremity		Preauthorization is not required because did not exceed \$350.00 per study; therefore, reimbursement per MFG is recommended. Right upper extremity was tested, reimbursement of \$53.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$422.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 95900, 95860, 95904 and 95935 in the amount of **\$422.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$422.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 9th day of February 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division